

Authorization for Release of Information

Date: _____

To: The Office of Student Financial Aid
 The University of Iowa
 208 Calvin Hall
 Iowa City, Iowa 52242

I hereby authorize you to furnish information relating to my financial aid file and academic standing including grades to:

The Pearl Hull Falk Scholarship Committee
MidWest*One* Bank
Attn: Trust Services
P.O. Box 1700
Iowa City, Iowa 52244-1700

It is my understanding that those records will be used by the Scholarship Committee solely for the purpose of evaluating my qualifications for a Pearl Hull Falk Scholarship award.

Signature: _____

Printed
Name: _____

University
ID Number: _____

Address: _____

This form is to be submitted to the Office of Student Financial Aid no later than May 1, 2019.

(DO NOT MAIL THIS FORM TO THE SCHOLARSHIP COMMITTEE)